

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Parkhe et al.	Art Unit: 1763
Application No: 10/786,876	Examiner: Moore, Karla A.
Confirmation No: 1903	Attorney Docket No: 008850 USA/MDP/COPPER/SC
Filed: February 24, 2004	July 14, 2009
Title: COATING FOR REDUCING CONTAMINATION OF SUBSTRATES DURING PROCESSING	
San Francisco, CA 94107	

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	<b>Extension of Time</b>		
<input type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136			
<b>Via EFS</b>  <input checked="" type="checkbox"/> Response to Final Office Action <input type="checkbox"/> Drawing <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> (2) Postcards for Return	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input type="checkbox"/> One Month	\$130.00	\$65.00
	<input type="checkbox"/> Two Months	\$490.00	\$245.00
	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00
<b>Total \$ 0.00</b>			
<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			

<b>Fees for Extra Claims</b>						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	13	57	0	\$52.00	\$26.00	\$0.00
Independent Claims	2	12	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
						<b>Total</b>
						<b>\$0.00</b>

<b>Fee Payment</b>		<b>Fee Deficiency</b>
Extension Fees	\$0.00	<input type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. 10-0258.
Fees for Extra Claims	\$0.00	<input type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. 10-0258.
Total	\$0.00	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$0.00.		
<u>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a)</u>		
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, via facsimile transmission to (571) 273-8300, or electronically submitted via EFS on the date shown below:</p> <p>By:  Date: July 14, 2009 Melanie Hitchcock</p>		
<p>Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: <b>Janah &amp; Associates, P.C.</b> 650 Delancey Street, Suite 106 San Francisco, CA 94107</p> <p>Respectfully Submitted,</p> <p></p> <p>By:  Date: July 14, 2009 Ashok K. Janah Registration No. 37,487</p>		